

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

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THE DISCOVERY OF ANÆSTHESIA.

The Virginia Medical Monthly sends to us and the medical press generally the advance sheets of an article with the above title by J. Marion Sims, M. D., late president of the American Medical Association, and which will appear in regular form in the Virginia Monthly for May, the journal being a little delayed with its issue for this month.

The article in question is a curious one. It is no less than one denying the claims of Morton, Wells, and Jackson to a priority in the discovery of anaesthetics. It was a vexed matter before the advent of Dr. Sims's paper, but more so now. We thought that when Oliver Wendell Holmes's suggestion was carried out—that of carving the names of both Morton and Wells on one side of the blank column Boston erected to the "discoverer of anaesthesia," and upon the other the inscription "*To Ether*" be placed—it was the happiest solution of the difficulty. It won't do now, however. Dr. Sims takes the priority of discovery of anaesthesia away from New England entirely, and gives it to Georgia. Dr. Crawford M. Long, of Athens, Georgia, is the real discoverer of the uses of sulphur ether as an anaesthetic. This was in 1842, two years before Morton came upon the scene with nitrous oxide, and four years before Wells, or rather Bigelow, Hayward, and Warren demonstrated in the Massachusetts General Hospital the uses of ether in surgery. More than the mere assertion of Dr. Sims, Long still lives to give his own account of the affair, as do several of his contemporaries, to corroborate his account. The story has been out in the journals sev-

eral times, but undoubtedly has never made the impression due to its importance.

The present showing of Dr. Sims will do much toward placing the name of Long among the contestants for the honors of the discovery of anaesthesia. There is given his own account of the use of ether in the extirpation of a cystic tumor of the neck on the 30th of March, 1842, and the testimony of Dr. Wilhite as to the priority of Long in the use of the sulphuric-ether vapor.

Dr. Sims concludes his paper with a request that the American Medical Association petition congress to give to the families of Morton, Wells, Jackson, and Long the sum of one hundred thousand dollars each, which we trust may be done. We have not the sublimest faith, however, either in the influence of the American Medical Association or the generosity of congress. The concluding remarks of Dr. Sims are:

"How mournful the fate of these remarkable men! How sad to think that their lives were embittered with envy, jealousy, and uncharitableness toward each other! Let us forget their faults, and remember only the good that has resulted from their labors. It is said that 'the evil that men do lives after them'; but here the good that these men did will live after them, and live forever.

"Vaccination is perhaps the greatest boon ever conferred by science on humanity; anaesthesia is the next. England gave us the one; America the other. England recognized the labors of Jenner; not, however, in a manner commensurate with the magnitude of his work. America should recognize the labors of Long, Wells, Morton, and Jackson, if not in a manner commensurate with the value of their work, at least to such an extent as to relieve the necessities of their several families, thereby proving that republics are not always ungrateful. Government aid voluntarily tendered at this time would be acceptable to all of them, for they are all really in need of it. Each of these families ought to receive at least \$100,000.

"I propose, then, that the whole medical profession, North, South, East, and West, unite in asking congress at its next session to appropriate this sum, as an anaesthesia fund, to be divided equally between the families of Long, Wells, Morton, and Jackson.

"One hundred thousand dollars is a small sum to offer where men have sacrificed their lives for the good of the whole civilized world, leaving their families in straitened circumstances. How small this pittance when measured by the benefits these men conferred on the world!

"Let us, as Americans, rise above all party, all prejudice, all sectionalism, and demand of the government this appropriation for the great work accomplished by these martyrs to science and humanity."

ASSOCIATION OF AMERICAN MEDICAL COLLEGES.

A meeting of the Provisional Association of American Colleges will be held at the Palmer House, Chicago, on Saturday, June 2, 1877, at ten o'clock A. M. All colleges represented at the meeting of the association held June, 1876, are invited to send delegates to the ensuing meeting, and all chartered medical colleges in the United States recognized as "regular" by the colleges already represented in this association are also invited to send delegates from their faculties to the said committee.

J. B. BIDDLE, M. D., *Pres't.*

WE publish above again the call of Prof. Biddle for a meeting of representatives of the American medical colleges, to be held in Chicago a few days previous to the assembling of the American Medical Association. We certainly have done our share in indicating the importance of this association, and will not dwell at length upon the well-worn theme again. For the sake of American medicine, let the members of the association be properly *accredited* this year, and exhibit a backbone in what they do. That is the important question. We honestly believe that never was it in the power of men before to do more good for the cause of medicine than can these men, if they choose. We await the issue of the convention with exceeding interest.

Original.

THREE CASES OF BRIGHT'S DISEASE OF THE KIDNEYS DETECTED BY THE OPHTHALMOSCOPE.

BY W. CHEATHAM, M. D.

While examining the eyes of the scholars of the Free Academy of the city of New York I came across a young boy about fifteen years old whose sight was perfect. On examination with the ophthalmoscope it disclosed the most marked changes in the retina, such as occur in patients suffering from albuminuria. His physician, I found on inquiry, had never suspected such a malady. On making the examinations again two years later the superintendent told me the little fellow had died about one year after my examination. Another interesting point in this case is the perfectness of vision, notwithstanding the marked retinal changes in the region of and covering macula lutea.

CASE II. Last thanksgiving day, one year ago, a young German girl from New Haven, Connecticut, reported at the Manhattan Eye and Ear Hospital, New York, saying she had had a great deal of headache lately, with "dyspepsia" and loss of sight: vision each eye = perception of light. Three physicians of New Haven had told her her sight would return as soon as her "dyspepsia" was cured. The prophecy came true, as we will see from the following history: I used my ophthalmoscope without asking any more questions. It revealed a very much swollen optic disk and retina, and in the region of macula lutea glistening spots of fatty degeneration of retina, taking the peculiar stellate form always seen in this disease. I then examined the urine, and found it at least one half albumen. She had no oedema of extremities, no ascites. Head and heart complications well marked. We sent her to Bellevue Hospital, where she died in about three weeks.

CASE III. A married lady, aged 46, was sent to the city from one of our small neighboring towns May 4, 1877, "to be suited

with glasses," as her sight was failing. She came to my office that day. She said she was undergoing "her change of life." Her two physicians had attributed all her troubles to this. She had suffered from sick headache ever since she was a small child, but had lately had attacks of intense neuralgic headaches, accompanied by vomiting. Had passed excessive amounts of urine, sometimes having to get up as many as fifteen times during the night. Had had palpitation of the heart, and oedema of lower limits. Ophthalmoscope showed right eye optic disk very much swollen. Could see the summit of it. Test with $+\frac{1}{2}$. Rest of fundus, except retina in neighborhood of disk, emmetropic. Veins full and tortuous. Arteries small and tortuous. In region of macula lutea changes similar to those mentioned in two previous cases. Left eye about same, with the exception of the disk, which was not quite so much swollen, and there were four or five spots of retinal hemorrhage. Urine about one quarter albumen. The same prognosis had been given by the family physicians as that in Case II. I think the "prophecy" will be realized shortly.

I have seen other cases of retinitis albuminuria, but none that impressed me with the importance of the ophthalmoscope to general practitioners as much as the three above-mentioned cases.

LOUISVILLE.

Correspondence.

ABOUT A STRICTURE.

[In a previous number of this journal we published a paper from Professor Maclean, of the University of Michigan, giving a history of several of the cases appearing before his surgical clinique, and contrasting their treatment by him with that received in the homeopathic clinique. Dr. Gilchrist, who occupies the surgical chair in the homeopathic department of the University, writes to us and asks, on the ground of American fair play, to have a chance to defend him-

self before the same readers who received the criticism upon him. Prof. Maclean had previously sent us a communication making certain emendations to his former assertions. We give both papers below. They may not settle the vexed question, whose two sides are represented by the gentlemen; but we beg that they may end the special issues between the contestants growing out of the publication in the News. To this end a little rhetoric *furnished by each gentleman* is left out. This is too much about the passage of a catheter. The passage of the Rubicon hadn't originally such a history.]

REPLY TO DR. MACLEAN.

To the Editors of the Louisville Medical News:

An article in your issue for March 31, 1877, from the pen of Prof. Maclean, contains so many errors, and the conclusions drawn therefrom are so injurious to me, that I beg leave to offer a correction. Let me give a veritable history of the case, as far as I was in any way connected with it, and point out the mistakes into which the doctor has fallen.

J. F. came to me in Detroit some time in September, I think, and presented a firm stricture of the urethra, as stated by Dr. M. He stated that he had been treated by gentlemen of both schools of practice, and had undergone one or two operations at the hands of his old school attendants, each of which had been followed by an aggravation of the difficulty. Latterly he had come under homeopathic treatment in Grand Rapids, and for the first time was told that the chills from which he suffered were due to the stricture. He stated that he could urinate, but with difficulty, yet seemed to empty the bladder. It was deemed unnecessary to attempt catheterization under the circumstances, or another operation in the light of his previous experience in this direction. The point of stricture was exceedingly irritable, and at times was the seat of considerable pain. An attempt at electrolysis was made, and had the effect to very speedily remove the irritation, which I was informed later had never

returned. He was instructed to use the battery frequently under the direction of his physician, to whom I wrote a short note giving the methods to be employed. This interview was less than an hour in length. In October I heard from him by letter that he was still suffering from the stricture, and I advised him to meet me at Ann Arbor and go before the class. I met him in Detroit the day before he had engaged to meet me in Ann Arbor, but did not examine the stricture. The following day he came before the class, and a second and prolonged use of the battery was made. The stricture, after this second attempt, seemed to be much less resisting, and the progression was good. He was told that should it fail external urethrotomy would be advised, and it was thought could be performed successfully by a method of my own. I never saw him again, as a friend of his in Ann Arbor, who was a student in the other department, induced him to attend Dr. M.'s clinic on the next day but one. This is a complete history of my connection with the case. I have in my possession a statement from the patient in which he indorses this account of his case, and states that Prof. McLean is willing to give me the benefit of any misstatement. To others in Ann Arbor Prof. M. has made admissions of error in other particulars. The students still in attendance at the university have written a statement to Dr. M., a copy of which has been handed me, also confirming this account. These documents will all be published should it be demanded; but as Dr. Maclean has knowledge of their existence, and has made to the patient and others nearly all the admissions I demand, it does not seem necessary.

It will be remembered by readers of the News that the charges brought against me were that I had attempted to pass a catheter several times and failed; that our students were so disgusted with my want of success that they advised the patient to go to the other school, and that the attempt at electrolysis was a signal failure. Now these statement are erroneous in every particular,

and the two first Prof. Maclean admits are so. It has been shown I saw the patient but twice professionally, and in neither case made any attempt at catheterization for good and sufficient reasons. The patient, Maclean admits, was taken from our clinic by a student in his class, who was a friend of his. The success of the electrolysis was *fully proved* by Maclean himself, as he found the first attempt a failure, like *all* his predecessors, but later, for reasons given at length by Beard and Rockwell, found the task so easy that he publicly expressed surprise that "an operation should have been advised on a stricture so easily dilated." When we remember the almost uniform failure of this operation of dilatation, particularly in our university, we must attribute some credit to galvanism in the prompt and easy cure of this case.

The doctor arraigns the homeopathic profession for incompetency and immorality; also claims that he was the first to diagnose the cause of the chills, when it was brought out in the clinic that a homeopath was the *first* to do so; that a student in our college volunteered a defense of the practice of contracting gonorrhea to cure stricture, which he now admits was an error; that electrolysis was an exploded humbug, which this case certainly does *not* show to be the case. This last point is too important to be debated here, but any *student* of surgery knows that it is of comparatively modern date, and only now beginning to be fully appreciated and experimented with.

These are the main charges that are brought against me and the school I represent. That they are not true I trust has been shown, and then the text for the doctor's paper is withdrawn.

J. G. GILCHRIST, M. D.

DETROIT, Mich., April 30, 1877.

FROM DR. MACLEAN.

To the Editors of the Louisville Medical News:

While thanking you sincerely for publishing the notes of two of my clinical cases, I am compelled to ask you for a little space to make one or two corrections as to matters

of fact in relation to one of these cases, viz., Case No. II, stricture of the urethra. My attention has been called to the subject by three letters from J. G. Gilchrist, M.D., lecturer on Surgical Therapeutics in the homeopathic college.

I have felt called upon to overhaul my proofs and make sure of my position, in case some error might, in spite of all my care, have crept into my report. I need hardly say that in the event of my discovering that injustice had been done or inaccuracy committed, I should have embraced the earliest opportunity to apologize even to Dr. J. G. G., and he would not have needed to call in the aid of a criminal court to secure justice from me.

As it is, I have certainly no apology to offer, and only the following rather unimportant corrections to make, viz., the patient's residence is *Maple*, and not *Grand Rapids*!

2. Dr. J. G. G. maintains that the patient was advised to come to me by a student of the regular school, and that "the homeopathic students to a man opposed it." I accept this correction with regret, and with a decidedly lowered opinion of the homeopathic students who, "to a man," preferred that this poor patient should return to his home unrelieved and in despair, rather than that a comparison should be made between the two colleges.

3. I omitted to record the patient's concluding final statement before the class, which was to the effect that he had once more recovered his faith in the great science of medicine which had been reduced to infinitesimal proportions under homeopathic auspices.

With these corrections my report of this case will stand the test of any court on earth or in heaven, and my only fear is that Dr. J. G. Gilchrist will shrink from the ordeal of a public trial. DONALD MACLEAN.

ANN ARBOR, MICH., April 24, 1877.

THE Association meets at Chicago, June 4.

Miscellany.

CONCERNING BLUE GLASS.—We are asked why we do not discourse of Pleasonton and "blue glass." Why should we? Is it not abundantly considered by the press already? The object of our pages is to treat of subjects that are too generally neglected; to give expression to those great results of discovery and scientific thought which get but a meagre share of attention from the popular press, and we can not find half room enough to do this work as it should be done. "But, really, what do you think of Pleasonton, and the blue-glass cure?" is now the obtrusive question. Well, we think that the man is a pestilent ignoramus, and his book the ghastliest rubbish that has been printed in a hundred years. He may be entirely honest, but that is no reason why we should give attention to his egregious folly. Pleasonton, however, it must be confessed, serves one important function: he gauges for us the depth and density of American stupidity. De Morgan says, somewhere, that certain men appear "occasionally to play the part of 'foolometers'" in the community, that is, to measure the number and quality of the fools furnished by any given state of society. Pleasonton has done this for us with an accuracy that leaves nothing to be desired. Our showing in this respect is on a very handsome scale, fully commensurate with the length of the Mississippi, the sweep of the prairies, the glory of the Centennial Exhibition, the grandeur of the national debt, and the splendid proportions of our system of education. He is a public benefactor in that he has given us another "big thing." The interesting point just now about "blue glass" is psychological. It is an exponent of popular intelligence, an index of culture, a register of common-school work, and a test of the influence of colleges. Our collective schools produce in the community a certain state of mind; "blue glass" indicates it. There is evidently a very close connection here, and the problem deserves to be

worked out. If the Intercollegiate Literary Association will offer an additional prize for the very best essay on the connection between the study of Latin and Greek and the "blue-glass" mania, The Popular Science Monthly will furnish the money for the purpose.—*Popular Science Monthly*.

AMONG the pharmaceutical advances made during these latter years, none are more useful than the gelatine capsules, and especially the *empty capsules*, which may be charged with extemporaneous prescriptions. They offer the most convenient mode for the administration of many nauseous medicinal preparations, and should come into general use. If doctors had to take their medicines oftener they would be a little more merciful than they are disposed to be with the throats and stomachs of their patients. We refer our readers to the advertisement of the Messrs. Planten for information as to where the capsules may be obtained. Those who are obliged to dispense their own medicines will do well to provide themselves with them.

THE annual meeting of the Association of American Medical Editors will be held at the Palmer House, Chicago, on Monday evening, June 4, 1877, at 7:30 o'clock. All medical editors are eligible for membership, and are cordially requested to be present and participate in the meeting.

F. H. DAVIS, *Secretary*.

WHEN Mesmer was asked in his old age by one of his disciples why he ordered his patients to bathe in river-water in preference to well-water, he replied that it was because river-water is exposed to the sun's ray's; and when further asked how these affected it in any other way than by the warmth they excited, he replied, "Dear doctor, the reason why all water exposed to the rays of the sun is superior to all other water is because it is magnetized, since twenty years ago *I magnetized the sun!*"—*Dr. Carpenter in The Popular Science Monthly*.

MEAN PATIENTS.—Some of our contemporaries have announced, and commented on the fact, that the medical profession in Ghent have resolved to keep a list of those patients who make a habit of getting all out of a medical man they can, and then, without paying him, transfer their patronage to another, whom in turn they treat in the same way. Would that Ghent were the only place where such folk were to be found. Honest and grateful people would be surprised to learn the number of persons who will go to a doctor in distress and perhaps are rescued from agony and even death by him, and then live out the lives that have been saved without a thought of remunerating the doctor. Such people probably think that he is under some kind of moral obligation to heal and help them any hour of the day or night for nothing but the pleasure of doing so. There is every element of meanness in their conduct. For the sake of those who are so mean, a black-list might well be kept, that they may know where they are and what it means; and that it is better to be on the sick-list even without a doctor than on that list. "But," says an objector, "people may die under this system." Not easily. Urgent cases are to be regarded without reference to the black-list. The mercy of the profession may be trusted not to abuse it, though this very quality of the profession is sadly abused every day by people who would not think of being unjust to their butcher or their baker. A casuist would find in this matter—the imperative demands on a doctor's services and the mean evasions of a doctor's claims—one of the saddest and most curious facts in morals, for the alteration of which a black-list is by all means justifiable.—*Lancet*.

SPECIAL attention is called to the bills which accompany this and the previous number of the News.

DR. JAMES McEVoy has been elected clinical assistant to the Kentucky Infirmary for Women and Children.

JAPANESE WOMEN.—The Japanese women are not beautiful, though much may be said to their praise. No one would be willing, however, to say seriously that he had ever seen in the whole country a really perfect, symmetrically-built, nobly-formed woman. I abstain here from a description of all mere outside appearances, such as the thick hair, resembling a horse's mane, whose braids (not curls) are held in place by the free use of fats, generally oil somewhat rancid; the impure complexion, which they conceal by means of powder applied to the neck, chin, and cheeks, but which, nevertheless, presents a dirty, grayish-yellow appearance on the forehead and at the borders of the hair; the scar of moxa also, and other popular remedies, on the back and breast. I refer especially to the structure of their bodies. If your ideal of female beauty be Juno, Venus, or Hebe it is wholly unknown in Japan. One is bony, and has a neck like an ox; another has hanging breasts and frightfully broad hips; a third is lean and lank, with withered arms, sunken abdomen, and prominent pelvic bones; but all three would banish all delusion by the characteristic Japanese crooked legs. The admirers of the women of this country praise the round, graceful form of the neck and shoulders; and it is not to be denied that the not ungraceful lines of these parts, which proceed from the moderate deposit of adipose tissue, together with the velvet-like softness of the skin, and somewhat pleasing color, make a happy combination. With the neck and arms the *danseuse* makes her graceful movements, while her legs under the long garments are seldom visible. The gait is as ungraceful as possible. They shove one foot along after the other in their stilt-like, horribly slippery, and noisy wooden shoes, which the woman of the better class wears on the street, as well as the peasant girls, with crooked knees and prominent belly, the rest of the body being bent backward. Only the aspect of the upper part of the body, sometimes carried with graceful ease, gives some relief to the offended

eye and ear. This is equally true of the unmarried and married women of fashion. I need not mention that those women who adhere to the custom of shaving the eyebrows and blackening the teeth do not present a particularly charming appearance.—*A. Wernich, in Chicago Medical Journal.*

PROF. LISTER.—The following effusion is from the pen of Prof. Blackie:

To Prof. Lister, on learning his determination not to leave Edinburgh for London.

Some live to feed ambition, some for fame;
Others for gold; and some, the nobler few,
For honest work achieved and service true,
With wage of truth and love. This last thy claim
And glory, Lister. When the Southrons laid
Their golden snare for thee, and every charm
Of that gross-monstered Babylon displayed
To lure thee from thy station for our harm,
Thou didst stand firm. For this my humble rhyme
Thee honors, and Edina gives thee place
High-perched, with the prime patterns of her race,
Scott, Chalmers, Wilson, Hamilton, and Syme,
And bids thee bloom on Scottish soil, and grow
Proudly, like stout old pines where stiff old breezes
blow. —*British Medical Journal.*

PRESCRIBING BY WEIGHT.—Chiefest among the difficulties of prescribing by weight is the fact that fluid medicines can not be administered by weight; that the teaspoon, dessertspoon, tablespoon, wineglass, or the more exact fluid measures of the modern graduated glass can not be banished from the sick-room. Now, it is illogical to prescribe by weight and administer by measure. Further, it is practically impossible for any ordinary physician to learn the weights of the innumerable mixtures he makes. Having written a formula by weight, he must therefore adjourn to the apothecary-shop to know what the dose is, and then report to the patient. Mr. Alfred B. Taylor meets this objection by suggesting that the quantities of the active medicine in a magistral recipe be given by weight, and that the prescriber order to be added of the menstruum q. s. to make the desired quantity. It will be noticed that this is not prescribing by weight,

but by measure and weight both, which is precisely what is done at present, the difference being that now for his convenience the prescriber uses the measures more freely than he would under the proposed system. We fail entirely to perceive any gain in the change, and we do see an endless amount of unnecessary and useless work for the physician. If the proposed changes were rendered imperative, not only would the veterans of the profession have to learn a new list of doses, but medical students would have to acquire a double set of doses for all the stronger liquid preparations.—*Med. Times.*

WHEN TO OPERATE FOR MAMMARY CANCER.—Mr. Sampson Gamgee, F. R. S. E., surgeon to the Queen's Hospital, Birmingham, has the following excellent remarks in a late number of the British Medical Journal:

"It is especially true of operations for cancer, that they should not be undertaken unless there is the utmost attainable certainty of the surgeon being able to complete them; to remove the whole disease, and leave the parts in a state favorable to speedy and solid union. If a scirrhus breast is to be interfered with at all, such interference can not be too speedy or too thorough. From a woman above sixty it is only under very exceptional circumstances that the removal of a scirrhus should be recommended. In old persons, such growths are often very slow in their course, give little pain, and are consistent with several years' life with comparatively little discomfort. The other conditions which are a bar to the operations are: *a.* Ulceration of the tumor and of the covering integument; *b.* Adhesions to the pectoral muscle; *c.* Infiltration of the mammary gland with cancerous matter as distinguished from the circumscribed tumor in its substance; *d.* A chain of indurated glands in the axilla; *e.* Any induration of the glands above the clavicle; *f.* Brawny infiltration of the skin over the affected breast; *g.* The existence of scirrhus in both breasts, or in any other organ besides one breast.

"In an otherwise healthy person below

fifty-five years of age I do not consider a retracted nipple, a pucker or dimple in the skin, or one enlarged movable gland in the axilla, severally, objections to the operation. Once operative interference is decided upon, which is the best plan? Clearly the knife, not the elastic ligature or caustics.

"A few words as to the operation and its after-treatment. Commencing at the sternum, I direct the incisions straight across the chest, through the fascia covering the pectoral muscle, which I invariably dissect clean. The mamma, grasped in the hand, is forcibly raised, the handle of the knife being freely used to separate its loose connections; the point or edge of the instrument is only employed to give a light touch to any bond of union which resists a goodly amount of traction. By this means very little blood is lost. It is now many years since I tied or twisted a vessel in an operation of this kind. The surface of the wound is lightly brushed with styptic colloid, and narrow strips of lint soaked in the same agent are used to close the wound after the edges have been very accurately adjusted by points of metallic sutures, at a distance of about three quarters of an inch from each other. A drainage-tube is placed in the outer angle of the wound, and over it pads of picked oakum in common muslin bags. A nicely compressing bandage surrounds the chest, and binds the arm to the side, with the hand across the chest. The dressing is not troubled for a week, when, as a rule, the greater part of the wound is healed. The operation, thus simplified according to the first principles of plastic surgery, is attended with singularly little pain.—*Medical and Surgical Reporter.*

THE HOME PRECINCT.—Mention is sometimes made of cliques in the Louisville profession. There are 200 doctors, regular and irregular, recorded in the Louisville city directory for 1877; 145 of these are subscribers to the *News*. It can hardly be possible that a journal can carry its home precinct by a handsomer majority.

Selections.

CURATIVE INFLUENCE OF AN EXCLUSIVE MILK DIET IN SOME CASES OF INFLAMMATION OF THE BLADDER AND KIDNEYS.

From a clinical lecture of George Johnson, M. D., F. R. S., Professor of Clinical Medicine, Senior Physician to King's College Hospital, London, we make the following extracts:

In Acute Albuminuria.—In the wards of the hospital you have frequent opportunities of observing the beneficial influence of an exclusive milk diet in various forms of disease. You have seen some cases of chronic diarrhea and dysentery rapidly and completely cured by this diet, without the aid of medicines. There is one such case now in No. 4 ward. E. J., a sailor, aged twenty-five, who got acute dysentery at Calcutta in June last, was admitted November 1st, suffering from abdominal pain and frequent watery, slimy, blood-tinged stools. He was placed on milk alone, at first with no medicine. Improvement began at once, and he is now, in less than a month, nearly convalescent. You have seen that the diarrhea of typhoid fever is often promptly checked by omitting the beef-tea and eggs from the dietary, and feeding the patient for a few days upon milk alone. You have seen in numerous cases of acute Bright's disease (acute albuminuria) the speedy disappearance of the albuminuria under the influence of rest in bed, a few warm baths, and copious libations of milk. And not unfrequently you have seen that a too early addition of solid food to the dietary has been followed by the reappearance of albumen in the urine. A child now in Twining ward has afforded an instructive illustration of this principle:

Caroline D., aged five, was admitted, on September 14th, with acute general dropsy following scarlet fever, her urine being blood-tinged and nearly solid with albumen. She was ordered to have a wet sheet and blanket-pack daily, as much cold or tepid milk as she would drink, no other food, and at first no medicine. She improved rapidly, the urine became copious, the dropsy disappeared, and at the end of a fortnight there was a mere trace of albumen in the urine. On the 16th of October the urine was free from albumen. She was then allowed to have fish in addition to milk, and on the following day there was again a trace of albumen, which continued till the 19th, when the fish was omitted and the milk alone allowed. On the 23^d the urine was again free from albumen. Then she was ordered a slice of mutton daily; and a few days afterward, on October 30th, the urine was once more found to contain a trace of albumen. Again, therefore, she was restricted to a diet of milk alone; and the smallest

possible trace of albumen is present even now (November 27th). Until this has entirely disappeared we shall restrict her to the exclusive milk diet.

It is impossible to overestimate the supreme importance of strict attention to diet in the treatment of all cases of albuminuria.

In Cystitis.—But I desire now to direct your attention especially to the beneficial influence of an exclusive milk diet in the treatment of some cases of cystitis. No case of this kind has occurred recently in my hospital practice, but within the last two years I have seen elsewhere several cases in which the curative influence of a milk diet had been very remarkable, and I propose now to give you a few particulars of three illustrative cases, taking them in the order in which they occurred.

Miss D., aged seventeen years, consulted me first on January 22, 1875. The following history of the case was given in a letter from the patient's mother: "It was in March, 1874, that my daughter first noticed an irritability of the bladder, disturbing her many times in the day, and three or four times every night. In June she began to suffer pain, especially at night. She was treated by various medical men, but became daily worse, the water containing blood, pus, and albumen. On the 14th of October she was sounded for stone, and its absence proved, but all the symptoms became much aggravated. During the succeeding three months she suffered, at intervals varying from two to three days, severe attacks of pain over the bladder, lasting from two to five hours, during which she passed water every two, three, or five minutes. Very hot hip-baths and opium pills afforded temporary relief. I remarked that fish, and more especially oysters, as food always brought on a severe attack of pain and irritation. On January 22, 1875, being then seventeen, she came under your care." She was then suffering from severe pain over the bladder, and from very frequent and painful micturition, so that her life was rendered miserable. The urine was acid, and contained a considerable amount of pus. All the symptoms appeared to be the result of inflammation of the bladder, but her mother had been positively assured that there was disease of the kidneys. She had taken a great number and variety of drugs, but opiates alone had afforded any temporary relief. I advised a trial of an exclusively milk diet, warm hip-baths at night, and an occasional opiate draught, which she had been in the habit of taking for the relief of pain. She also took occasionally some pills containing camphor and ext. of henbane. I saw the patient five times during the months of January, February, and March. During that time the milk diet was continued, and there was a gradual improvement. After March 22^d I did not see her or hear of her again until September 12th, when I received a letter from her mother, in which

she says: "I am sure you will be glad to hear that your young patient is now quite restored to health; and if on any day she does not feel quite so well, a return to *exclusive* milk diet for twenty-four hours makes all right again."

Mr. C. B., a country gentleman, aged forty-eight, consulted me on October 13, 1876, on account of frequent and painful micturition, which had troubled him for two years. He stated that two years ago he contracted a gonorrhea, for which at the commencement of the malady he used an injection of zinc and morphia. This quickly stopped the discharge, but he then began to suffer from pain in the bladder and frequent calls to pass water, the urine being turbid with mucus and for several weeks tinged with blood. The frequent painful micturition and turbid urine had continued to the present time. He generally has to pass water every hour both day and night. The pain and irritation are much increased by walking and driving, so that in going about he has to wear an India-rubber urinal. The urine brought to me was turbid with puriform mucus, of normal density, of acid reaction, and deposited some red sand. It was slightly coagulable by heat and acid, the albumen being probably derived from the pus. No tubercles were present. He had consulted two eminent London surgeons, one of whom had sounded him for stone with a negative result; but the prostate was said to be enlarged. The symptoms had continued unabated, notwithstanding the various remedies which had been employed, temporary relief only having been obtained by the use of opium suppositories. Up to the time of his first visit to me he had continued to take wine at his meals rather liberally.

I advised him to take cold or tepid raw milk exclusively, no other food or drink; and I prescribed no medicine. He returned to his home in Yorkshire on the day after his visit to me, and a few days afterward I received from him the following report, dated October 20th:

"I consulted you on Friday, the 13th of October. I returned home on Saturday, the 14th, and since the middle of that day I have taken nothing but milk, neither solid nor liquid, as you prescribed. From the very beginning of this diet—that is, from the morning of Sunday, the 15th—I have felt no traces of the inflammation. It has been difficult for me to realize its sudden and (for the time) total disappearance. I twice, yesterday, drove three miles at a time in a common cab without pain or disturbance. Up to the 14th the irritability had been as bad as ever, and on the afternoon of the 13th I had been in very severe pain while driving a short distance in London. I write to ask how long I ought to continue the milk diet if the irritation does not return. The water is clear, but still leaves a slight cloud after standing in a glass bottle. I am in no hurry, and will follow

your instructions strictly. I shall be glad to be liberated from the milk diet, but I prefer it to the inflammation." In a letter dated October 22d he says: "The necessity for making water very frequently (about once an hour) ceased along with the inflammation or irritability. I have since made water in the day-time at irregular intervals, but scarcely, if at all, more frequently than when in good health. Yesterday I walked three miles, and sat down for an hour at the end of the walk, without having to make water; and to-day I have al^c taken a fair amount of walking-exercise without any uneasiness. After the length of time that I have been practically a cripple, this seems only too good to last." On the 23d I received by rail a sample of his urine, which deposited only a scanty sediment of mucus, and contained no albumen. I then advised him by letter, while still abstaining from alcoholic liquors, to take in addition to his milk some plain solid food—fish, game, chicken, or mutton—with some cooked vegetables, and for breakfast an egg with bread and butter. On October 27th, exactly a fortnight after his first visit, he called and reported himself quite well. He had been four hours and a half in the train the day before without having once to pass water. He can hardly realize the fact that he is free from all discomfort. The urine is as clear as sherry, and entirely free from mucus. He returned home, and I received from him a note, dated Nov. 6th, in which he says: "Until last Friday, the 4th, I continued to abstain from all alcoholic liquors, as you advised. On and since that day I have drunk wine at dinner only, as usual. This has had no bad effect to my knowledge, and I find myself at present perfectly well." He ends with an expression of thankfulness for the benefit derived from the treatment.

I have seen a considerable number of cases of rapid recovery from *recent acute cystitis*, where the disease has been promptly and judiciously treated, but I never before saw so rapid and complete a cure of severe cystitis of *two years' duration* as occurred in this case. The result surprised and gratified me almost as much as it did the patient. The *modus operandi* of the milk is sufficiently obvious. The urine is largely diluted with water, and rendered mild and unirritating by the digestible nature of the food. The bladder, therefore, being comparatively undisturbed by its contents, reverts to its normal condition, the inflammation of the mucous membrane subsides, and the morbid secretion of puriform mucus ceases.

The Rev. J. W., aged twenty-nine, a curate in a manufacturing town, consulted me on November 2d on account of frequent micturition and a painful feeling of irritation extending from the bladder to the end of the penis. He passes water almost every hour. These symptoms have troubled him for the

last three months. He has a weak stomach, and he believes that his bladder-trouble was excited by his having drunk one night two glasses of beer at supper. The urine was acid, turbid with pus, and slightly coagulable by heat and acid. I advised him to try a diet of milk exclusively, and to take no medicine.

Four days afterward, on November 6th, he called and said that he had been taking a gallon of milk daily, and that since the second day the feeling of irritation and the frequent calls to pass urine had ceased.

November 10th: He has taken, in addition to milk, mutton, chicken, and rice. There has been no return of irritation, and he feels quite well. The urine is much less turbid, but it still deposits a slight cloud of mucus. He was to return to his work on the following day.

On November 23d he sent me a specimen of urine, which I found entirely free from mucus and in every respect quite normal; and in a letter dated November 24th he says: "My health is, I think, better now than it has been for many months past, and my bladder does not seem to be affected in the slightest degree."

Method of giving Milk in these Cases.—The milk may be taken cold or tepid, and not more than a pint at a time, lest a large mass of curd difficult of digestion form and collect in the stomach. Some adults will take as much as a gallon in the twenty-four hours. With some persons the milk is found to agree better after it has been boiled, and then taken either cold or tepid. If the milk be rich in cream, and if the cream disagree, causing heartburn, headache, and diarrhea, or other symptoms of dyspepsia, the cream may be partially removed by skimming. One reason among others for giving the milk, as a rule, unskimmed—that is, with the cream—is that constipation, which is one of the most frequent and troublesome results of an exclusively milk diet, is to some extent obviated by the cream in the unskimmed milk. As a rule, it is unnecessary, and therefore undesirable, to add bread or any other form of farinaceous food to the milk, which in itself contains all the elements required for the nutrition of the body. When the vesical irritation and catarrh have passed away, and the urine has regained its natural character, solid food may be combined with the milk, and thus a gradual return may be made to the ordinary diet, while the effect upon the urine and the bladder are carefully watched.

There are some patients with whom, unfortunately, milk in any form, and even in small quantities, so decidedly disagrees that it is for them as unsuitable a diet as any other form of indigestible food would be.

If I might venture to give a hint to my surgical colleagues and friends, I should say that an exclusively milk diet would probably be found very suitable for most patients during the first few days after

the operation of lithotomy; the object being of course to lessen as much as possible the inflammation and catarrh resulting from the mechanical irritation of the mucous membrane of the bladder.

I have recently seen two cases in which the vesical irritation and catarrh resulting from a stone in the bladder were much mitigated by the milk diet, the patients being thereby brought into a more favorable condition to undergo successfully, the one the operation of lithotomy, the other that of lithotomy.

Varicocele in the Head.—G. W. Copeland, M.D., of Boston, in the Boston Medical and Surgical Journal, says:

"In medical journals and hospital reports I frequently read of cases of varicocele treated by operative measures. Having had quite a number of these cases come under my observation, and believing that the so-called operations for 'radical cure' are unsatisfactory in their results and altogether 'unjustifiable,' I beg leave to submit these cases cured without operations:

Case 1. C. W., aged twenty-five, a medical student, had been a captain of cavalry in the Southern army; he was of spare build and nervous temperament; had been troubled with varicocele on the left side during his army life. When I first met him the veins were nearly as large as a hen's egg; the testicle was small and the scrotum relaxed. It pained him so much and weighed upon his mind to such an extent that he consulted several surgeons and requested them to operate on him. This, however, they refused to do, recommending palliative treatment instead. Three years after this he wrote me that he was married and had a boy, that his varicocele was cured, and that he believed a large part, if not all, of the pain and dragging weight was imaginary. He concludes by saying 'the great danger is that a man will have the trouble worse in his *head* than in his testicle.'

Case 2. J. C., aged twenty-four; when first seen had a large varicocele on the left side and a small one on the right. He had been kept in misery from the uneasiness and neuralgia of the organ; he feared a total destruction of the testicle from atrophy, and suffered continually from depression of spirits. About this time a bunion on his left foot became inflamed. It grew so painful that he had to wear a slipper and use a crutch. Finally, it caused him so much distress and anxiety that he forgot his varicocele, threw away his bandage, and neglected his cold douche. The pain and dragging left the testicle and have never returned. He firmly believes that the disease *went into the bunion*.

Case 3. G. P., aged twenty-seven, stout and apparently robust, had an immense varicocele on the left side, with pain and dragging weight all the time;

also neuralgic pains shooting along the penis. He was almost incapacitated for work, mental or physical, and was literally insane at times, his mind continually dwelling on his trouble. Two years later he reports himself entirely cured. He states that he contracted a gonorrhea, which continued for nearly a year. When this latter took hold of him his former trouble sank into insignificance. The pain and uneasiness have never returned, his health is better, and he says the gonorrhea cured him.

"From these and similar cases I infer that varicocele can be practically cured by freeing the mind from the delusion that impotence, destruction of the testicle, and a host of ill effects will follow. There is no class of patients that require our sympathy more than those afflicted with such mental troubles. If we can only succeed by kind advice in diverting the mind from the disease the appetite improves, the relaxed condition of the system assumes a healthier tone, the spermatic veins may become smaller, and the pain and dragging cease. As the condition in question is chiefly limited to young, unmarried men, we can do much by assuring our patients that the disease is at its height, and that the veins will gradually become smaller. Tonics, the use of the cold douche, and a suspensory bandage will aid in the cure."

Considerations in regard to the Administration of Atropia —As the susceptibility to the action of this agent varies in different individuals, an inflexible rule as regards the dose can not be made. I have usually administered about $\frac{1}{16}$ th of a grain (five minims of solution of one grain to the ounce of water) two or three times a day. As the effects of atropia are very persistent, usually two doses *per diem* will suffice to maintain a constant physiological action. If the quantity be so large as to produce great dryness of the mouth, retention of urine, and serious disturbances of vision, the patient may refuse to continue it. Moreover, large medicinal doses, although entirely safe, may cause irregular action of the heart. My observation is that the persistent daily use of moderate doses is preferable to the occasional administration of large doses. It suffices to cause moderate dilatation of the pupil, slight dryness of the mouth, and a little flushing of the cheeks. When the cough is troublesome morphia may be combined with the atropia. When vomiting occurs strychnia may be given in the same prescription. When indicated, the alkaloids, strychnia, atropia, and morphia may be dissolved in diluted muriatic acid instead of distilled water. A serious difficulty frequently encountered in the treatment of phthisical subjects is a restless and hopeful disposition, which leads to frequent changes in the medical attendant, and to the trial of every

new remedy. As in most cases considerable time must elapse before any permanent improvement can be effected, it may happen that all the moral resources of the physician will be sorely tried to induce the patient to use the remedies in a proper manner and for a necessary period.—*Dr. Bartholow in the American Journal of Medical Sciences.*

Insufflation in Hooping-cough.—Lasinski, in a recent exchange, highly recommends insufflation of the following powder in hooping-cough:

R Quinine sulph..... grammie 1.0 grs. 15.+
Acidi salicylici... grammie 2.0 grs. 30.+
Sacch. albi grammie .6 grs. 7.5+
Natr. bicarb. grammie .6 grs. 7.5+ M.

He uses the powder morning and evening, and makes it last ten days; that is, nearly one grain of quinine and two of salicylic acid are used in each insufflation. He confesses that children make resistance, but claims that the results are so favorable that it is worth while to persist. Distinct action of the medicines appears at latest eight days after commencement of their use, and is shown by a quantitative or qualitative diminution of the attacks. The experience of the author in twenty cases has been that a complete arrest of the hooping-cough takes place between eight and thirty days. Adults and older children were more amenable to treatment than quite young children. His method of procedure with children is to have them held in the lap of an assistant while a tongue-spatula armed with a blow-pipe carrying the powder is inserted. During one of the deep inspirations which follow crying and gagging the operator blows the powder down. Care is taken to depress the base of the tongue well and to direct the end of the blow-pipe behind the epiglottis.—*Boston Medical Journal.*

Ergot in Atony of the Bladder.—Prof. Von Langenbeck, at a meeting of the Berlin Medical Society (Berlin Klin. Woch.), stated that in atony of the bladder, associated with enlarged prostate, in elderly men, in which the organ is never completely emptied of urine, he has lately tried the hypodermic injection of ergotine with most surprising results. In three cases the contractile power was at once increased so as to enable the patient to discharge additional urine, and in a few days it had so augmented that very little urine was left behind. After one or two injections the improvement was considerable, and even a diminution in the size of the prostate seemed to have ensued. Dr. Israel said that he had derived the same benefit from the employment of ergotine, and referred to the case of a patient who was thus enabled to hold his water for three hours, whereas before he voided it every ten minutes.—*Medical Times and Gazette.*